ART. XXIX.—*A Treatise on the Continued Fevers of Great Britain.* By CHARLES MURCHISON, M.D., LL.D., F.R.S., Physician to the London Fever Hospital, etc. etc. Second Edition. 8vo. pp. xx., 729. London: Longmans, Green & Co., 1873.

THIS country as well as Great Britain has been visited during the eleven years that have elapsed since the publication of the first edition of Dr. Murchison's work on the Continued Fevers by several severe epidemics of these diseases, including one of relapsing fever, a disease so little known in this country before the autumn of 1869 that Dr. Flint was able, when reviewing this work in the number of this Journal for July, 1863, to write that "we believe that it is not doing injustice to our brethren to say that very little attention has, as yet, been given in this country to the subject of relapsing fever, so that it would not be very remarkable if cases are not recognized as such." American physicians have become since this was written sufficiently familiar with the phenomena of the disease from actual observation at the bedside, but it is unquestionably largely owing to the admirable description of it given by Dr. Murchison that they were able to recognize it upon its first appearance.

Although the general plan of the work remains unaltered, the present edition is by no means a reprint of the first. There is no part of it which does not bear the evidence of careful revision. Much of it has been entirely rewritten, and notwithstanding that the size of the type has been reduced in places, it has been found necessary to increase the thickness of the volume by the addition of very nearly a hundred pages. The statistical tables in the first edition were based on 6703 cases of continued fever. admitted into the London Fever Hospital during ten years, while those in the present edition are based upon 28,863 cases admitted during twenty-three years, and the deductions drawn from them are, therefore, much more valuable. Of the 44 illustrative cases contained in the first edition, 5 have been expunged and 54 fresh cases added, making a total of 93. In the first edition the subject of the temperature-range in fevers was not discussed. This omission is very fully supplied in the present edition, where the author not only refers to the observations of others, but gives the results of those made by himself, which seem to have been very numerous, for he tells us that in enteric fever alone he has taken the temperature three times daily in several hundreds of cases. We are glad to find that his observations agree in the main with those of Wunderlich and Thierfelder. We observe, however, that he says, when the disease has advanced to ulceration, the course taken by the temperature varies with the severity and duration of the case. In mild cases at this time the morning remission becomes more decided and the daily ascent begins later. At first there may be little difference in the evening rise, so that this may be 4° or 5° or even 9° in excess of the morning temperature, but soon the evening exacerbation also diminishes, and by the end of from six to twelve days, the evening temperature may be normal. During this lengthened defervescence the fever may be truly intermittent, the morning temperature being normal with a rise of several degrees towards evening.

We propose to notice a few of the other changes which we have observed in comparing the two editions. These, as we have already said, are very numerous, for it is evident that the author has endeavoured to incorporate with the results of his own experience those of his fellow-workers, and to make his book fairly representative of the existing state of knowledge as to the pathology, symptoms, and treatment of the continued fevers.

Dr. Murchison adopts Zenker's conclusion as to the changes in the voluntary muscles induced by enteric fever, and says that he has found similar changes in typhus fever and that they are now known to be common in all protracted febrile diseases. In addition to granular and waxy degeneration of the muscles he has also found in typhus fever extensive extravasations of blood in the substance of the rectus abdominis and other muscles independent of any external violence. These extravasations, he says, may soften and form pseudo-abscesses. They are due to rupture of the muscular fibres, not from spasm, as stated by Rokitansky, but from the destruction of the contractile tissue. Recovery, when it does take place, is brought about by the regeneration of the muscles through the enlargement of the existing, and the formation of new primitive bundles.

The author, when discussing the cold-water treatment of fever, says, the observations of Jürgensen, Ziemssen, Liebermeister, Wilson Fox, and others, show that although the practice may not shorten the fever and is often inapplicable, yet, under certain circumstances, it is useful not only for reducing the temperature first of the surface and then of the interior of the body, but for relieving headache and other distressing symptoms, removing congestions of the kidney, warding off delirium and coma, and rousing the nervous system in cases of excessive stupor. Moreover there is reason to believe from the diminution in the excretion of *urea* and *carbonic acid* after the use of cold baths, that they retard the metamorphosis of the tissues. The most favourable results have also been obtained from this treatment; Ziemssen asserting that he has reduced the mortality of enteric fever to three per cent., and taking the results of six different observers the mortality of the same disease was 5.7 per cent. (847 cases, 48 deaths). But the author goes on to say, the more conclusive facts in favour of the cold water treatment are those observed in certain cases of hyperpyrexia by Dr. Wilson Fox and others, where its employment was followed by recovery from an elevation of temperature (110° Fahr.), which under every other method of treatment has been speedily followed by death. The author alludes to the different plans for employing cold in the treatment of pyrexia; such as the cold affusion practised by Currie, packing in a wet sheet resorted to by Brand, or immersion in cold water, which is the method now most in fashion. We believe that a still more efficacious mode of diminishing the temperature of a fever patient, where the symptoms are threatening and there is no time to be lost, is the application of ice directly to the surface of the body. This has been done with great success at the Pennsylvania Hospital in this city in the treatment of sunstroke, a condition in which the temperature is often very high (108° Fahr.) and which under any other treatment usually terminates fatally.

In the present edition of his work Dr. Murchison modifies the opinion which he expressed in the former edition, that quinia, when administered in large doses in the course of the typhus or typhoid fever was either perfectly useless or positively dangerous. "I have made," he states, "many careful observations on the effects of large doses of quinine (10 to 20 grains) in typhus, and I am bound to admit that noises in the ears, temporary acceleration and irregularity of the respiration, and occasional vomiting are the only disagreeable symptoms which I have known to result." After speaking of the effect which it undoubtedly has of causing within an hour or two a fall of the temperature, he says that this effect is transient, and that, although the result may be kept up by repeating the dose, no decided good generally results from such a course, while occasionally delirium and collapse are induced by it. It has, therefore, no power to cut the disease short, no matter at what stage it may be given.

"At the same time," he adds, "from its undoubted power of reducing temperature, one or more large doses of quinine may be useful when the disease is at its crisis, and when the temperature is rising instead of falling. In more than one instance, when given at this stage, I have had reason to think that it was instrumental in saving life." It is a fact of sufficient importance to recall to the memory of our readers that the late Dr. W. W. Gerhard, of this city, thought that the administration of repeated doses of quinia, to the amount of twelve grains in twenty-four hours, was attended by obvious advantages, in the Philadelphia epidemic of typhus in 1836. To this distinguished physician and to Dr. Pennock, also of Philadelphia, is awarded the credit of having first clearly established the most important points of distinction between typhus and enteric fever.

In other respects the author's views of the treatment of the continued fevers seem to have undergone but little change. We find him recommending chloral in twenty grain doses in order to secure sleep in cases where the patients are restless or delirious. This remedy, he says, will often work like a charm, but occasionally it will be necessary to repeat the dose. When opium is given it should be combined with digitalis or antimony, either of which has the power of reducing the fever and of counteracting the tendency of opium to lock up the secretions. He agrees with Dr. Graves in thinking that in many cases belladonna will be found a more valuable remedy than opium.

Dr. Murchison refers to Dr. Harley's recent papers on "The Pathology of Scarlatina, and the Relation between Enteric and Scarlet Fevers" (see *Amer. Journ. Med. Sci.*, April, 1872), and on "Tubercular Fever and its Relation to Enteric Fever" (see *Amer. Journ. Med. Sci.*, Oct. 1873), simply to condemn the views expressed in them. "I have seen," he says, "nothing to justify the opinion held by Dr. J. Harley, that scarlatina and enteric fever are different manifestations of the same poison, or that enteric fever is 'an abdominal scarlatina.'" While admitting that an attack of enteric fever is often followed by tubercular deposit in the lungs, he does not think this justifies the view that the intestinal ulcers of enteric fever are indistinguishable from those of enteric fever.

In the concluding chapter Dr. Murchison gives the results of his extensive experience "on the relative merits of isolating fever patients and of distributing them in the wards of a general hospital." The following are the most important of his conclusions. 1. Cases of enteric fever may be distributed in the wards of a general hospital with impunity. 2. Cases of typhus and of relapsing fever ought never to be treated in a ward with other patients; even in no larger a proportion than one to six. 3. There is no evidence that in a well-ventilated fever hospital the mortality from continued fever is greater than in a general hospital. 4. In proportion to the number of cases of typhus treated, the danger of the disease spreading is much less on the plan of isolation than on that of mixing. 5. In every fever hospital, typhus, relapsing fever, enteric fever, and scarlatina ought to be treated in distinct wards; but there can be no objection to the many cases of acute non-contagious diseases, constantly sent by mistake to fever hospitals, being treated in the same wards with enteric fever. He says, in addition, that the ventilation, which is universally admitted to be necessary for preventing typhus fever spreading in a general ward, is injurious to patients suffering from many diseases, such as nephritis, acute rheumatism, bronchitis, etc., which, moreover predispose them to contract typhus on exposure to the contagion, and to have it in a severe and fatal form. Another advantage of isolation is, that in a fever hospital it will always be possible to obtain a staff of officials seasoned by a previous attack of typhus, or of an age at which it is not likely to be fatal, which it would be impossible to obtain for general hospitals.

The author still prefers the term pythogenic fever to any other that has been proposed as a designation for the disease generally known as typhoid fever, but in consequence of the adoption of the name enteric fever by the London College of Physicians, he gives it the most prominent position in the present edition of his work. We notice that Dr. Murchison, in common with many other English writers, uses the word tympanitis instead of tympanites in describing the distended condition of the abdomen in the second stage of enteric fever. Tympanitis, according to Dr. Dunglison, signifies inflammation of the tympanum, and this we believe is the meaning generally attached to it in this country.

In addition to the coloured plates and wood-cuts contained in the first edition, eleven new diagrams, showing the temperature-range in typhus, enteric, and relapsing fever, have been introduced. J. H. H.

Art. XXX.—*Transactions of the Medical Society of the State of New York*, for the year 1872. 8vo. pp. iv., 484. Albany, 1873.

The present volume of Transactions contains thirty-nine articles, of which rather more than one-half are devoted to subjects of general professional interest; to these we shall now, in accordance with the custom of this Journal, briefly invite our readers' attention.

The first paper consists of the minutes of the annual meeting, which appears to have been of an unusually harmonious character; at least if wordy warfare prevailed in the sessions of the society, its secretary has wisely concluded not to perpetuate the record of the battles in black and white.

Following the minutes is the anniversary address of the President, Dr. William C. Wey, of Elmira, which has for its subject *Medical Responsibility and Malpractice.* This is a well-written discourse, containing a great deal of useful information and many sound reflections upon the important subjects of which it treats. After indicating the true limits of medical responsibility, as determined both by judicial decisions and by the dictates of common sense, the author points out that while *malpractice* may to a great extent be prevented by giving to medical men generally more thorough instruction in their art, the prevention of *suits for malpractice* demands in addition a more thorough acquaintance with the principles of medical ethics; as Dr. Wey justly remarks:—

> "Suits for malpractice would be rare indeed if a client and his attorney were the only elements that enter into their conspiracy of conception, preparation, and management. The assistance of a third party is indispensable to the birth of the monster, and the wicked alliance is made complete by the presence of a member of the medical profession. This must be spoken to our shame and mortification. In all the cases of malpractice that have fallen under my observation, physicians having authority to practice, or men presuming to be physicians under the sanction of loose laws, have been instrumental in urging on the odious prosecution. I will not attempt to analyze the motives of these traitorous men. They are such as would prompt the defamer of character to asperse his neighbour without cause, or the confidential clerk to betray and rob his employer, or the physician who has become the custodian of family